

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE B.

2008 MAY 16 AM 7:53

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Iowans for Dave McLaughlin

IMPORTANT: Indicate by # type of committee you are reporting for: 1  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name	Political Party (if applicable)
Dave McLaughlin	Republican
Office Sought	District (if Senate or House)
Senate	16

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	<u>1718</u>
Logged In	<u>S</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Dave McLaughlin  
SIGNATURE OF PERSON FILING REPORT

563-663-0758  
TELEPHONE

5-15-08  
DATE SIGNED

I AM FILING A Campaign Disclosure REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

5,940.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

5,940.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2,489.93

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

3,450.07

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

150.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTSCHECK THIS BOX IF  
AMENDING FORM

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans for Dave McLaughlin

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
03/22/08	ID# CK#	Lillian McLaughlin 706 3 <sup>rd</sup> St Belmond, IA 50421	mother	\$200.00	<input type="checkbox"/>
03/22/08	ID# CK#	Jean Carlson 4020 Sherman Ter Sioux City, IA 51106	sister	200.00	<input type="checkbox"/>
04/09/08	ID# CK#	William Hacke 8387 - 130 <sup>th</sup> St. Center Junction, IA 52212		25.00	<input type="checkbox"/>
04/09/08	ID# CK#	Steve McLaughlin 420 10 <sup>th</sup> Ave Belmond, IA 50421	cousin	200.00	<input type="checkbox"/>
04/09/08	ID# CK#	Charkeen Peryon Box 127 Cascade, IA 52633		25.00	<input type="checkbox"/>
04/09/08	ID# CK#	Jim Conlin 109 12 <sup>th</sup> Ave Cascade, IA 52033		50.00	<input type="checkbox"/>
04/09/08	ID# CK#	Russ Radloff Box 219 Cascade, IA 52033		25.00	<input type="checkbox"/>
04/15/08	ID# CK#	Ryan Noonan 1452 Dickenson Lane Iowa City, IA 52240		200.00	<input type="checkbox"/>
04/15/08	ID# CK#	Stephen Supple 23251 Hwy 136 Cascade, IA 52033		100.00	<input type="checkbox"/>
04/15/08	ID# CK#	Tiffany Albers 13626 202 <sup>nd</sup> Ave Wood Inlet WA 98077	Niece	200.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1225.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans For Dave McLaughlin

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04/15/08	ID# CK#	DAVE Webber Box 322 Cascade IA 52033		\$ 250 <sup>00</sup>	<input type="checkbox"/>
04/15/08	ID# CK#	Tony Stille 716 2 <sup>nd</sup> Ave NW Cascade IA 52033		200 <sup>00</sup>	<input type="checkbox"/>
04/15/08	ID# CK#	Peter Boffelli 870 5 <sup>th</sup> Ave Cascade IA 52033		100 <sup>00</sup>	<input type="checkbox"/>
04/15/08	ID# CK#	Kenneth McDermott 713-3 <sup>rd</sup> Ave NW Cascade IA 52033		100 <sup>00</sup>	<input type="checkbox"/>
04/15/08	ID# CK#	Robert Knepper 64 Aries Ave Cascade IA 52033		25 <sup>00</sup>	<input type="checkbox"/>
04/15/08	ID# CK#	Richard Molony 16064 Higginsport Rd Bernard, IA 52032		10 <sup>00</sup>	<input type="checkbox"/>
04/15/08	ID# CK#	Dale Mescher Po Box 773 Cascade IA 52033		200 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 885	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS☐ CHECK THIS BOX IF  
AMENDING FORM

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans For Dave McLaughlin

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
04-18-08	ID# CK#	Robert McLaughlin 4603 32 <sup>nd</sup> St Arlington, VA 22207	Brother	\$1000 <sup>00</sup>	<input type="checkbox"/>
04-18-08	ID# CK#	William Hutchins 22650 Gehl Lane Cascadia, WA 98033		25 <sup>00</sup>	<input type="checkbox"/>
04-18-08	ID# CK#	Julie Hesch 403 Hayes Cascadia, WA 98033		100 <sup>00</sup>	<input type="checkbox"/>
04-18-08	ID# CK#	SAM McLaughlin 452 Old Oak Rd Salt Lake UT 84108	Brother	500 <sup>00</sup>	<input type="checkbox"/>
04-24-08	ID# CK#	Gary Gavin 23005 Ebby's mill Rd Cascadia, WA 98033		50 <sup>00</sup>	<input type="checkbox"/>
04-24-08	ID# CK#	Kate Sammons	sister	300 <sup>00</sup>	<input type="checkbox"/>
04-24-08	ID# CK#	Mary Ellen Ressler 707 5 <sup>th</sup> Ave Cascadia, WA 98033		25 <sup>00</sup>	<input type="checkbox"/>
04-24-08	ID# CK#	Ryan McLaughlin 403 S. Crescent Heights Los Angeles, CA 90048		100 <sup>00</sup>	<input type="checkbox"/>
04-24-08	ID# CK#	Tracey Knepper Cascadia, WA 98033		10 <sup>00</sup>	<input type="checkbox"/>
05-05-08	ID# CK#	Mike Knepper 1215 - 5 <sup>th</sup> St SW Dyersville, IA 52040		25 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$2135 <sup>00</sup>	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)*Iowans For Dave McLaughlin*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
05-05-08	ID# CK#	Tom Schwager Box 397 Cascadia, IA 52033		\$ 50 <sup>00</sup>	<input type="checkbox"/>
05-06-08	ID# 6004 CK# 4699	Associated Gen Contractors of IA PAC 701 E Court Ave Des Moines, IA 50309		\$ 1500 <sup>00</sup>	<input type="checkbox"/>
05-10-08	ID# CK#	Nadyne Arter 1547 Belmont Rd Belmond, IA 50421		75 <sup>00</sup>	<input type="checkbox"/>
05-10-08	ID# CK#	Joan Bellmann 1000 Richards Road Dubuque, IA 52003		20 <sup>00</sup>	<input type="checkbox"/>
05-10-08	ID# CK#	Shane McLaughlin 65 Laurelton Rd Mount Kisco, NY 10549	Nephew	50 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1695

TOTAL (if last page of this schedule)

\$ 5940

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 Page 4 of 4  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans For Dave McLaughlin

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/21/08	ID# CK#	The Golden View po box 661 Dubuque, IA 52004	news paper ad	\$ 160.00
05/05/08	ID# CK#	Dave McLaughlin PO Box 696 Cascade, IA 52033	reimbursement for Yard signs purchased from Victory	2329.93
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 2489.93
TOTAL (if last page of this schedule)				\$ 2489.93

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Iowans for Dave McLaughlin

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SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
03/02/08	Dave McLaughli PO Box 696 Cascade, IA 52033		paper, stamps, envelopes, ink	\$ 150.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

150<sup>00</sup>TOTAL (If last  
page of this  
schedule)

\$

150<sup>00</sup>

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule E)